

**Utah's Division of Child and Family Services**

# **Salt Lake Region Report**

## **Qualitative Case Review Findings**

**Reviews Conducted**

**October 1 – 5, 2007**

**February 4 – 8, 2008**

*A Report by*

*The Office of Services Review, Department of Human Services*

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# **I. Introduction**

The Salt Lake Valley Region Qualitative Case Reviews for FY 2008 were held the weeks of October 1-5, 2007 and February 4-8, 2008. Reviewers representing the Office of Services Review, Division of Child and Family Services and community partners participated in the reviews.

Following the second half of the FY2007 Salt Lake Valley QCR review, investigations by the Division of Child and Family Services (DCFS), the Court Monitor (CWG) and the Office of Services Review (OSR) confirmed that a manipulation to avoid the QCR process took place on a small number of cases involving a few employees. The Plaintiffs, court Monitor, OSR and DCFS worked together to set up procedures to help mitigate this type of manipulation from happening in the future.

In accordance with these procedures, after pulling the universe for the Salt Lake Valley 2 (SLV2) sample the week of December 10-14, 2007, OSR checked for any unusual case transfer activity. OSR referred to the Sample List from the SLV1 review. Three cases were replaced because OSR was told that the cases would be in the universe for the second half of the review. OSR reviewed the second sample to verify that the cases actually appeared. Of the three cases, one appeared in the SLV2 universe, another closed before the sample was pulled, and the third did not appear in the SLV2 universe. The third case was a drug court case, and drug court cases were to be reviewed in SLV2. It did not show up in the universe because it was not coded as a drug court case (D) it was coded to the local office (S), and that office was part of the SLV1 review. OSR determined that because the case was pulled for SLV1, replaced because it was supposed to be in the universe for SLV2, but did not show up in the universe for SLV2, it should be included in the sample. OSR added this case as the last foster care case in the SLV2 review. OSR also ran a report of cases where the worker name didn't match the appropriate office code, indicating that they had been transferred. Several cases had been transferred; however, all but one had been transferred within the offices that were reviewed together, so the case would still have appeared in the appropriate universe of cases when the sample was pulled. The one exception was the previously mentioned drug court case. Based on the review of case transfers, OSR believes that the 2008 samples were valid.

There were 72 cases pulled for the review, but only 70 cases were scored on child status. Of the two cases that were not scored, one involved domestic violence. The mother and child had been moved to an undisclosed safe placement and could not be interviewed. In the other case that was not scored, the child had moved back in with her mother and the case had been closed; the reviewers were unable to interview the mother and child. In a different case, the child had runaway at the time of the review. The case scored unacceptable on safety and therefore it was unacceptable on the overall child status. This case was not scored on the system indicators, therefore there were only 69 cases scored on System Performance.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region

meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a “marked decline,” which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## **II. System Strengths**

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was compiled from an analysis of the strengths documented in the individual case stories, supplemented by other strengths identified during the exit conference. Not every strength was noted in every case. Each strength contributed to improved and more consistent outcomes for specific children and families.

### **STRENGTHS**

#### **Child and Family Teaming and Coordination**

- There was a lot of support from proctor agencies such as consultants, program directors, trackers, etc.
- Team members were empowered to communicate with each other directly. They also felt empowered to contact the worker and request a team meeting.
- In several cases the worker and the supervisor helped the family take ownership of the team.
- Assessments evolved and built on previous assessments. These were shared with the team and put into the plan.
- Consistent teaming enabled the team to handle the “curve balls” in the case as they came up.
- A probation officer was impressed by the idea of teaming and said the information he received was very helpful.
- One case worked exceptionally well with DSPD to obtain services for the client.
- It was because of the excellent and in depth teaming that a long-term plan was identified and implemented.
- The transition in school went well because of good team meetings and a tight team.
- One case had a very strong team early on in the case during the CPS portion. There was good work to pull the team together at such an early stage of the case.
- A nurse was on the team and was very proactive. She helped the team know what to look for in a child with substance abusing parents.

#### **Worker Professionalism**

- One worker was able to keep families focused on the end goal in spite of conflict between the maternal and paternal extended families.

- One worker was able to overcome barriers that were hindering getting support from another state agency. Another worker was able to persuade a provider to accept a mother and child in a residential facility that usually doesn't take children that age.
- There are many caring, resourceful and hard working caseworkers that go beyond what is required to meet the needs of the children and families.

#### Continuity of Support

- There was continual, unwavering support from a worker and supervisor on a case. They never gave up on an abrasive father and continued to work with him even when he was difficult. Because of this there were some great outcomes.
- The continuity of worker from foster care to an in home case was very helpful to the family. The case went smoothly because the supports and resources did not change.
- In a case that had a change of workers, the supervisor was very involved and was a constant source of support and information for the family. This made a real difference in the rippling effect of a worker change.
- One case had a courtesy worker because of the long distance involved. The DCFS courtesy worker was from the region where the family resided. The worker met with the family monthly and helped them access resources and supports in the community they lived in. The courtesy worker and main worker stayed in contact to ensure that needs were met. The family knew who to contact if there was a concern and built trust with both workers. There was good communication so everyone was current on the case.
- The Resource Family Consultant was a great help to a foster family. They didn't just assume that good foster parents who had the Foster Care Foundation training had everything they needed. The consultant was a major support to the family in a difficult time, providing additional training and resources.
- There was a great family network in one case that gave ongoing support.

#### Long-term View

- The team kept the case open longer to develop collateral supports and post adopt services.
- In one case, the plan was adapted to meet the permanency change in the case and the long-term goal was continually being assessed.
- The long term plan and concurrent long-term plan were identified early on in the case and monitored.
- Excellent teaming led to an in depth, detailed long term view among all the team members.

### **III. Stakeholder Observations**

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interviews key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Salt Lake Region were supported by a total of eleven interviews. There were nine focus groups: DCFS caseworkers, Ethnic Advocacy Groups, Region Administration Team, Qualitative Improvement Committee, Guardian ad Litem, Assistant Attorney Generals, Judges, Proctor Parents and TAL (Transition to Adult Living) clients. There were also two individual interviews with the Regional Director of DCFS and one of the supervisors.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Obviously, not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

#### **What is working well?**

A new regional director was hired in June 2007. All of the groups noted that there is more communication from the new regional director, an open atmosphere and better response to concerns that are brought up. The legal partners, community partners and workers all felt that there was more of a teaming effort going on and things were less adversarial. The region is having “town hall” meetings regularly where anyone can come and talk about concerns. There is time set aside every Friday for workers to meet with the regional director. They come and talk, get signatures, discuss cases, etc. It is obvious the region is working on improving communication and access for every one.

The hiring process has changed. It used to be that after the hiring process supervisors would choose from people already in training. Now there will be preliminary interviews, but a supervisor filling a position will come to the follow up interview and hire directly for a specific job. There is a better match to the person hired and the job description. This is also helping the training process because the supervisor hiring is in charge of the mentoring. Workers are getting more specific and detailed training.

The new workers are noted for having passion and enthusiasm for their jobs. They are receptive to input from the legal team and work hard to learn the many facets of their jobs. More seasoned workers are resilient. The region was in crisis last year, and it was very difficult for many of the workers. Even with all the emotions going on, they focused on their work and have moved ahead.

The number of cases that workers are carrying is down and right now there are hardly any supervisors carrying cases. The workers are striving to engage with the family and they are working on safety and permanence. Many community partners noted that accurate assessments

are happening and this is helping identify and meet the needs of the family. With the caseloads down there is time to give more attention to details.

The Ethnic Advocacy Groups noted that the workers are doing better at establishing respect and trust with families. Workers know the appropriate, politically correct vocabulary. They have helped parents understand cultural differences such as why a child needs to be in school, helping with homework, and appropriate discipline. There are more Spanish speaking workers and plans are being written in English as well as Spanish. One judge noted that the interpreter was a woman and she felt that this was very helpful with the client and her culture.

The legal partners stated that in some cases it is the same interpreter who goes to everything. Over time trust is built with the family and the team. Everyone on the team has a better knowledge of what is happening and why.

The judges felt that DCFS does a great job and works hard to set services in place. One judge noted she court ordered the agency to find a lot of resources, formal and informal. She said the worker stepped up and found many good solutions to a difficult case.

One of the youth interviewed in the Transition to Adult Living focus group feels like DCFS really helped him. He has been in the system many years and had an adoption that dissolved. He has had many drug and behavior issues in the past, but feels like he has stabilized, found a foster family he can keep long-term ties to, and is prepared for life as an adult. There were also other TAL youth who wanted to say thank you.

### **What are you working on improving right now?**

Every caseworker in the focus group felt that outside of their building they did not know any other workers in the region. They did not feel like there was a relationship between different offices and teams. The region is working on building relationships between the various offices. They have just set up instant messaging across the region. There was an internal survey regarding office cultures and environments as well as a number of community surveys. Administration is working on identifying issues that need to be addressed to unify the region. The administrative team is now meeting regularly with supervisors. They are working on being more united.

The Resource Family Consultants are helping pull teams together for cases that are having a hard time with Child and Family Team Meetings. They call post-adoption workers, collateral agencies, schools, etc. They would like to be invited to all Child and Family Team Meetings. They also orient new workers and have put together folders for the workers with steps on how to do things. This is something that the workers can refer to.

Every focus group had mixed feelings about supervisors. There are some really good supervisors who are always available and help not only new workers but are there for difficult issues the more seasoned workers deal with. They are aware of their workers' strengths and assign cases that match their abilities. On the other hand, some supervisors are not available to their workers and do not have the knowledge base to help them address their needs. The attorneys noted that

the cases with strong, hands on supervisors do much better. The region is working on having skilled and accessible supervisors in all teams. Currently there is a new training for supervisors given by administration.

In one building a CPS worker rotates the permanency staff meetings so they know each other and understand cases. A CPS worker can give input to who would be a good permanency worker for a certain case.

### **What are the challenges?**

Training needs to be current, timely and helpful. There are still practical things front line workers need to know that are not in training. There also needs to be more training of supervisors. Legal issues are always changing. One example is the Adam Walsh Law. The legal partners felt there needed to more legal training up front and then additional training with workers later on. Many of the supervisors have been in their position less than one year. Some supervisors have limited experience in the areas they are currently supervising.

Every focus group addressed the issue of communication. It is difficult to know what an interpreter is saying to the clients. The Ethnic Advocacy Groups are not always invited to the Child and Family Team Meetings and they feel like they could really help with the planning process. It is difficult to gather information in another language or to find interpreters. There are many languages that are difficult to find interpreters for. The legal partners were also concerned that if services were court ordered, DCFS would need to pay for an interpreter to attend all the classes, etc. It is costly and time consuming. It was also noted that DCFS really could not know if the interpreter was translating accurately and without bias.

Some of the children are going through many changes and the medication management piece is not always followed through. New providers are sometimes not aware of the history of medications or a child is put in detention and the medication is not sent. One focus group asked that the nurse always be invited to the Child and Family Team Meetings and that when a child is moved for any reason, the nurse is notified so the medication piece is not dropped.

One of the youth interviewed said that sometimes an older child comes into state custody not because of behaviors, but because of what the family did or did not do. He said he was automatically placed in the Youth in Custody Program in the school district. He felt very labeled and felt people were unfairly judgmental towards him. He wished he had just been mainstreamed in the school system.

### **If you could change one thing, what would it be?**

Training is an ongoing issue. The caseworker focus group requested that they have an ongoing mentor they can call after six months or a year on the job. One suggestion was that there be a mentor in each building, and the workers could call and get answers to questions. They could then document who they talked to and what advice was given.



Caseworkers felt like vacations are a problem. No one can really take over while they are gone and the workers always come back to problems. Sometimes the front line workers really need the vacation, but it isn't worth coming back to crises. It was recommended that each building could have floaters who could come in a week before the worker leaves and stay a week after the worker comes back. The floaters could be full or part time people who are there to assist with vacations or really difficult cases.

The legal partners suggested that there be more legal training up front and then have more trainings on legal issues or have a forum where workers can ask questions later on. They felt like it is important to have additional training after the workers have had some court experience.

Many focus groups indicated that the new service plans are too long. The judges are asking for a one-page summary. If judges and attorneys are finding the services plans confusing, then the clients are really struggling with them. Most people interviewed preferred the old template for case plans and would like to go back to them.

The Quality Improvement Committee stated that they believed other regions used mediation a lot more than the Salt Lake Valley. In some regions the AG, GAL, Defense Attorneys, clients and caseworker all sit down and mediate on their own with a release. They go to court with a common goal. This does not usually happen in the Salt Lake Region. The legal partners in the Salt Lake Valley feel like the system works better if each member works for his or her own purpose, present their side, and let the judge decide. Some focus groups would like to see more mediation.

One of the youth interviewed from the Transition to Adult Living Program indicated that she wishes siblings were not separated. She has not had contact with her birth brother. Her comment was that her parents may have signed over their rights, but she didn't sign over her rights as a sibling. Many of the youth would like to see more effort to keep siblings together or at least in better contact. They also felt birth families should be more involved even if reunification has ended.

## **IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs**

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

## Child and Family Status Indicators

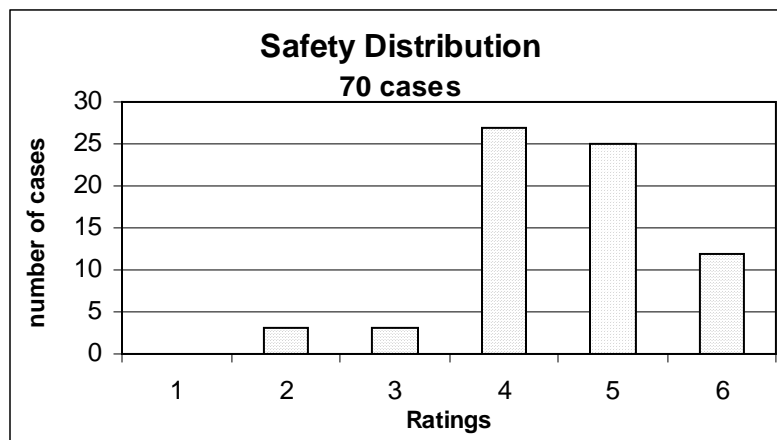
### Overall Status

Salt Lake Region Child Status											
					FY04 FY05 FY06 FY07				FY08		
	# of cases (+)	# of cases (-)	Exit Criteria 85% on overall score						Current Scores	Trends	
Safety	64	6	<div><div></div></div> 91%		94%	89%	94%	97%	91%		
Stability	41	28	<div><div></div></div> 59%		83%	56%	61%	67%	59%		
Appropriateness of Placement	65	4	<div><div></div></div> 94%		99%	96%	94%	97%	94%		
Prospect for Permanence	37	32	<div><div></div></div> 54%		77%	52%	59%	70%	54%		
Health/Physical Well-being	69	0	<div><div></div></div> 100%		99%	93%	100%	99%	100%		
Emotional/Behavioral Well-being	56	13	<div><div></div></div> 81%		87%	86%	83%	90%	81%		
Learning Progress	55	14	<div><div></div></div> 80%		88%	90%	85%	91%	80%		
Caregiver Functioning	49	0	<div><div></div></div> 100%		100%	98%	98%	98%	100%		
Family Resourcefulness	22	9	<div><div></div></div> 71%		86%	58%	55%	69%	71%		
Satisfaction	65	4	<div><div></div></div> 94%		91%	80%	89%	93%	94%		
Overall Score	62	8	<div><div></div></div> 89%		90%	88%	92%	96%	89%	Decreased but above standards	
			0% 20% 40% 60% 80% 100%								

## Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

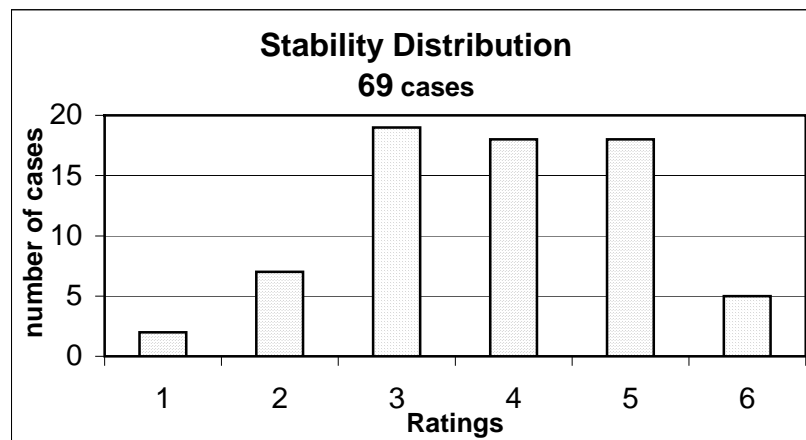
**Findings:** 91% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 97%. There were six cases that received an unacceptable score on safety.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

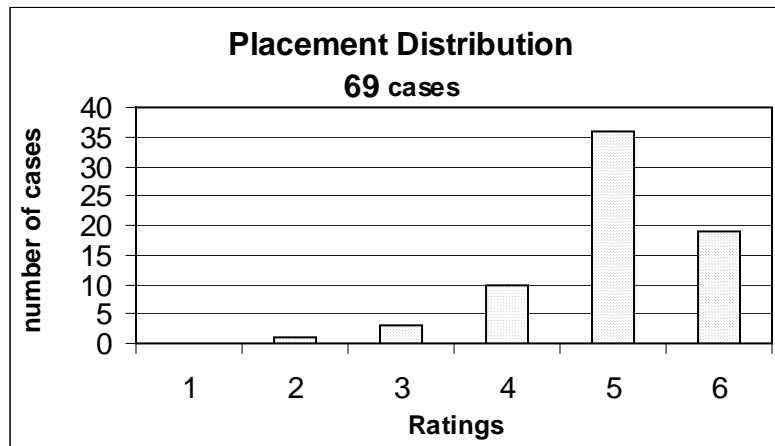
**Findings:** 59% of cases reviewed were in the acceptable range (4-6). This is down from 67% last year.



## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

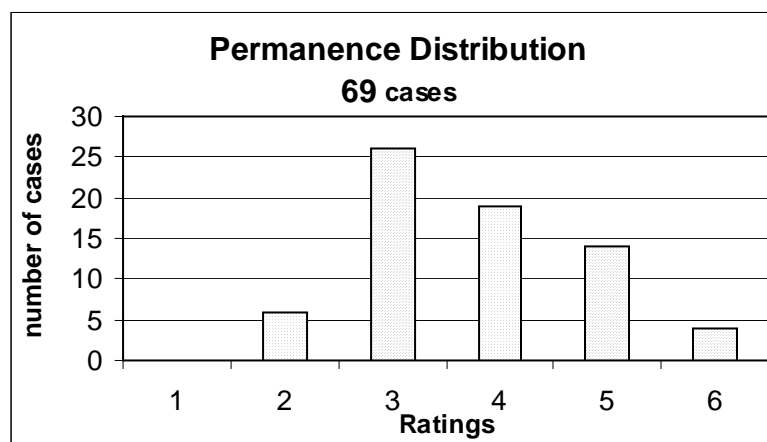
**Findings:** 94% of cases reviewed were in the acceptable range (4-6). This is down slightly from 97% last year. As the distribution shows, Salt Lake Region scored very well on appropriateness of placement. Only four cases received an unacceptable score.



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

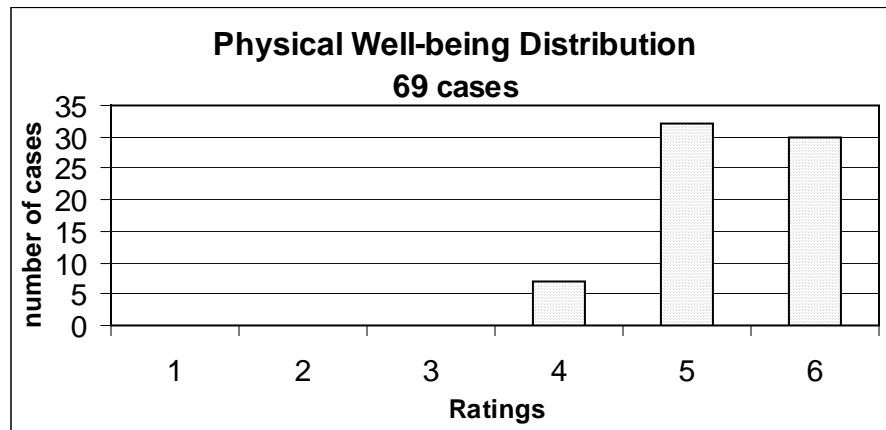
**Findings:** 54% of cases reviewed were within the acceptable range (4-6). This is down from last year's score of 70%.



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

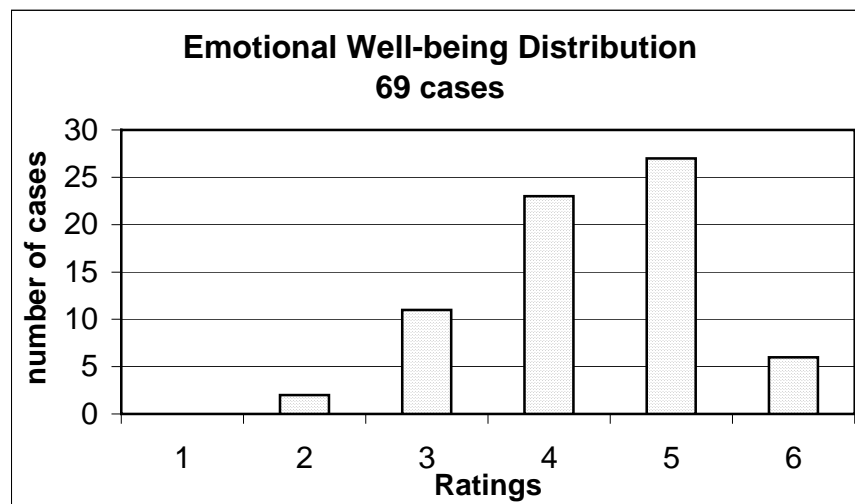
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The child's physical well being has not been any less than 99% for the past three years.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 81% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 90%.

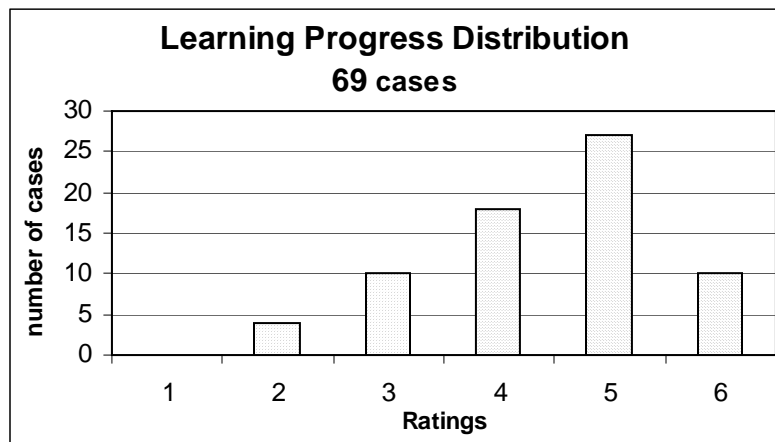


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

**Note:** There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

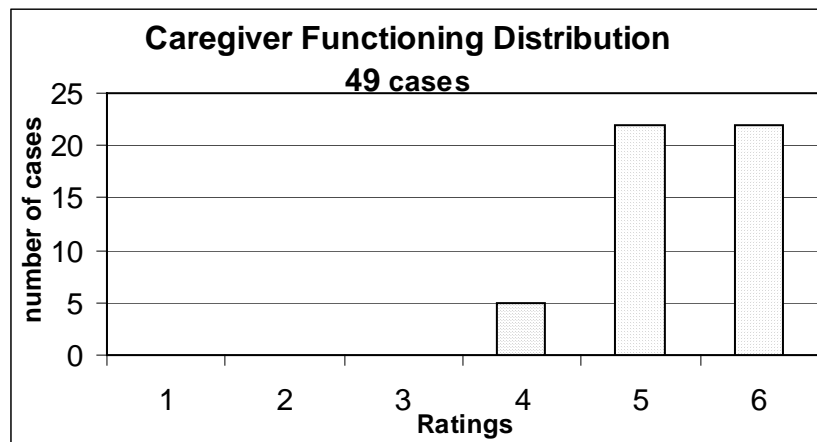
**Findings:** 80% of cases reviewed were within the acceptable range (4-6). This was a decline from last year's score of 91%, but is still a good score.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

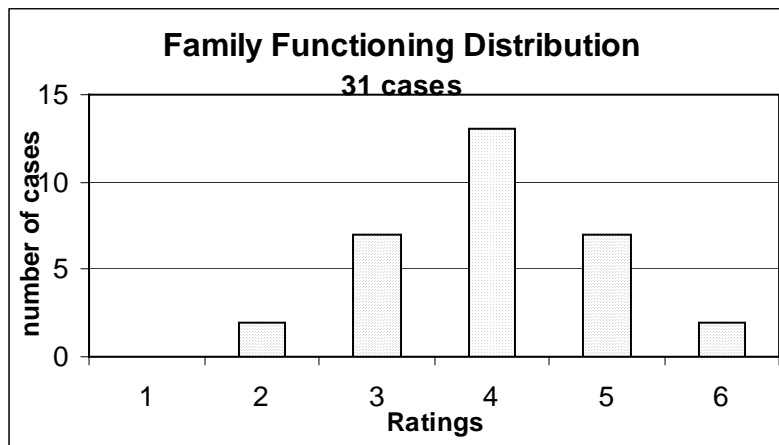
**Findings:** 100% of cases reviewed were within the acceptable range (4-6), and in all but five cases the child was receiving substantially adequate or optimal care giving.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

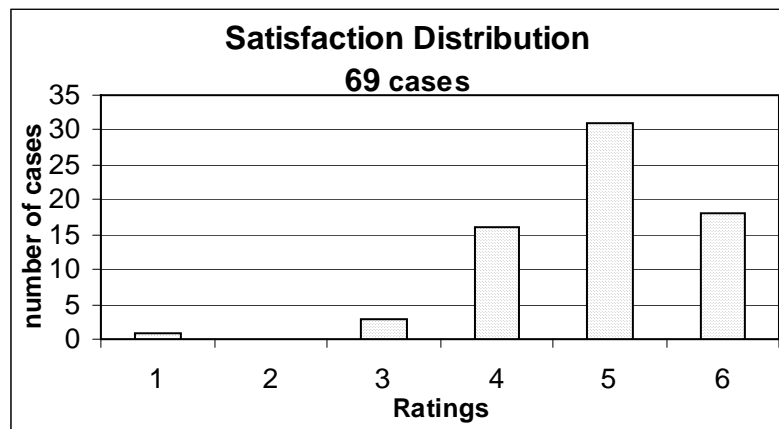
**Findings:** 71% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase from last year's score of 69%.



## Satisfaction

**Summative Question:** Are the child and primary caregiver satisfied with the supports and services they are receiving?

**Findings:** 94% of cases reviewed were within the acceptable range (4-6). This is an increase from 93% last year. The score has continued to increase the past four years in a row.

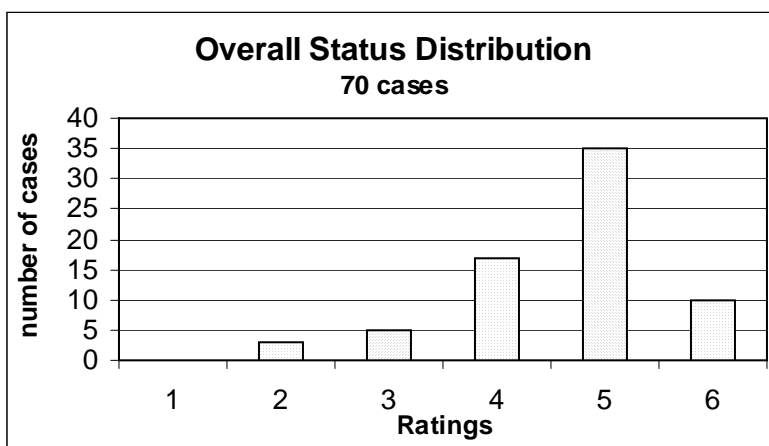




## Overall Child and Family Status













**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

**Findings:** 89% of cases reviewed were within the acceptable range (4-6). There were only eight unacceptable cases on overall child status. The score was due mostly to six cases that received unacceptable scores on safety. The score decreased from last year’s score of 96%, but it is still above the standard.



## System Performance Indicators

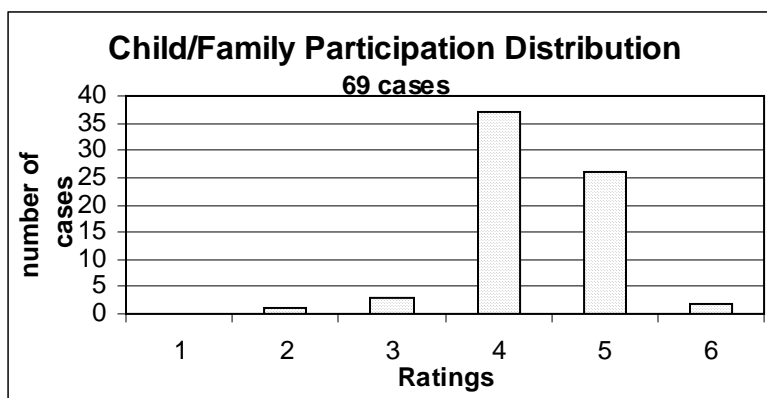
### Overall System

Salt Lake Region System Performance - Combined									
	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators Exit Criteria 85% on overall score	FY04	FY05	FY06	FY07	FY08	
								Current Scores	Trends
Child & Family Team/Coordination	49	20	 71%	78%	80%	75%	87%	71%	Decreased but above standards
Child and Family Assessment	46	23	 67%	71%	52%	69%	79%	67%	Decreased and below standard
Long-term View	44	25	 64%	70%	54%	56%	73%	64%	Decreased and below standard
Child & Family Planning Process	49	20	 71%	75%	72%	68%	93%	71%	Decreased but above standards
Plan Implementation	61	8	 88%	87%	86%	79%	89%	88%	Decreased but above standards
Tracking & Adaptation	61	8	 88%	83%	77%	75%	87%	88%	Above standards
Child & Family Participation	65	4	 94%	78%	80%	80%	97%	94%	
Formal/Informal Supports	58	11	 84%	94%	94%	80%	93%	84%	
Successful Transitions	53	15	 78%	81%	68%	70%	82%	78%	
Effective Results	60	9	 87%	88%	82%	82%	89%	87%	
Caregiver Support	49	0	 100%	98%	92%	94%	98%	100%	
<b>Overall Score</b>	61	8	 88%	86%	83%	76%	93%	88%	Decreased but above standards
			0% 20% 40% 60% 80% 100%						

## Child/Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

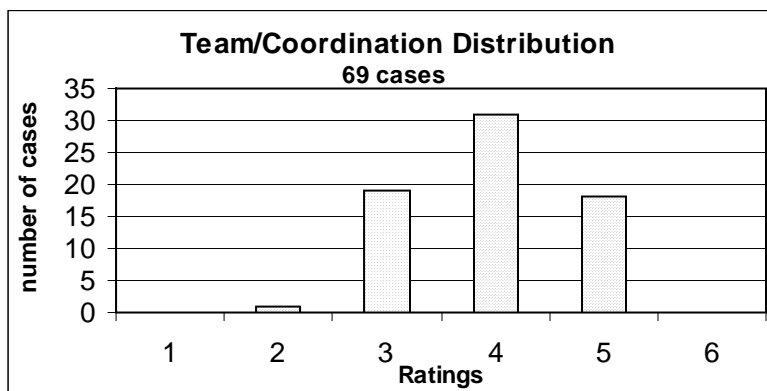
**Findings:** 94% of cases reviewed were within the acceptable range (4-6). The scores have been above standard for the past five years.



## Child/Family Team and Team Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

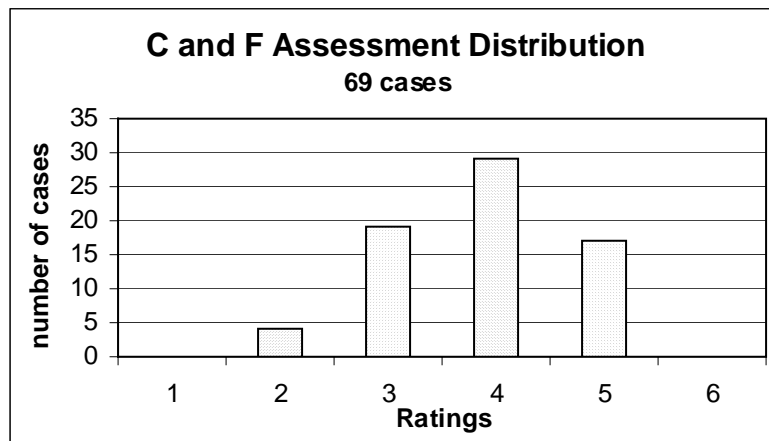
**Findings:** 71% of cases reviewed were within the acceptable range (4-6). This score decreased, but is still above the standard.



## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

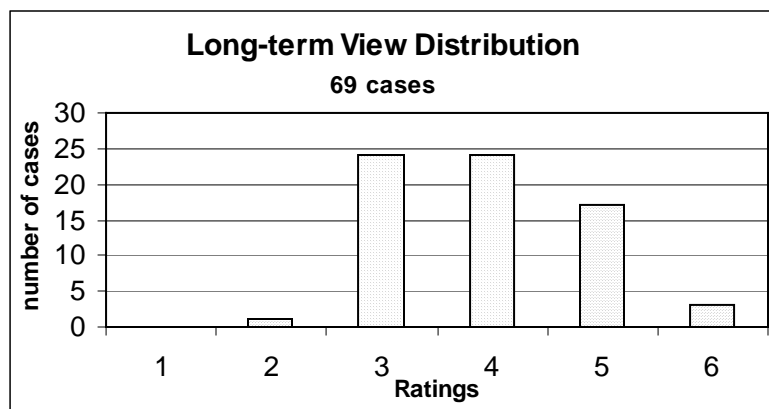
**Findings:** 67% of cases reviewed were within the acceptable range (4-6). This is down from last year’s core of 79% and is below the standard.



## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

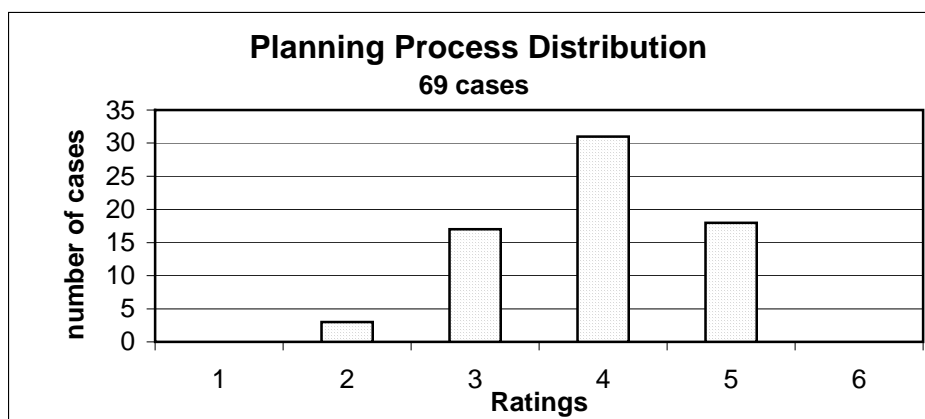
**Findings:** 64% of the cases reviewed were within the acceptable range (4-6). This indicator decreased and is below standard. Last year it was at 73%.



## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

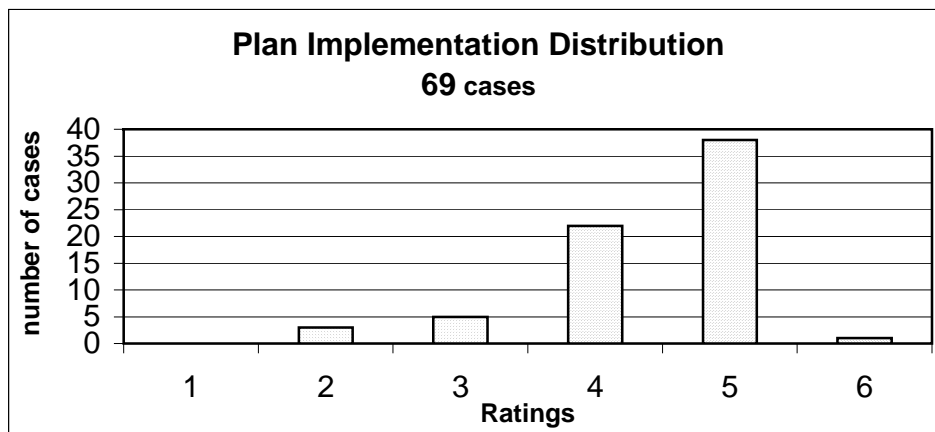
**Findings:** 71% of cases reviewed were within the acceptable range (4-6). This decreased from 93% last year but is still above standard.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

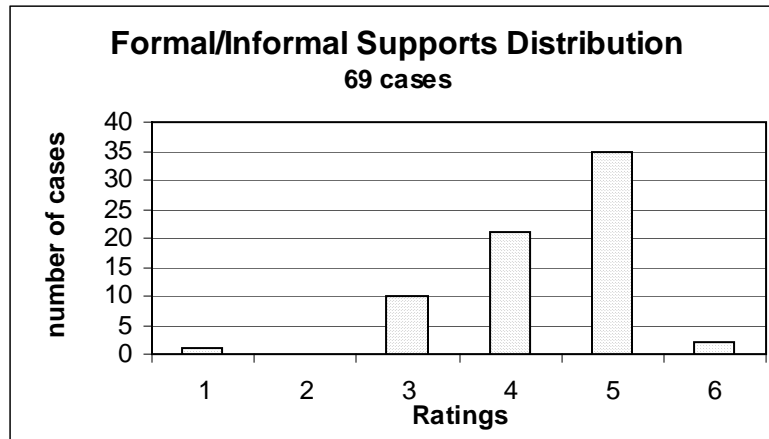
**Findings:** 88% of cases reviewed were within the acceptable range (4-6). This is close to last year's score of 89% and is well above standard.



## Formal/Informal Supports

**Summative Questions:** Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

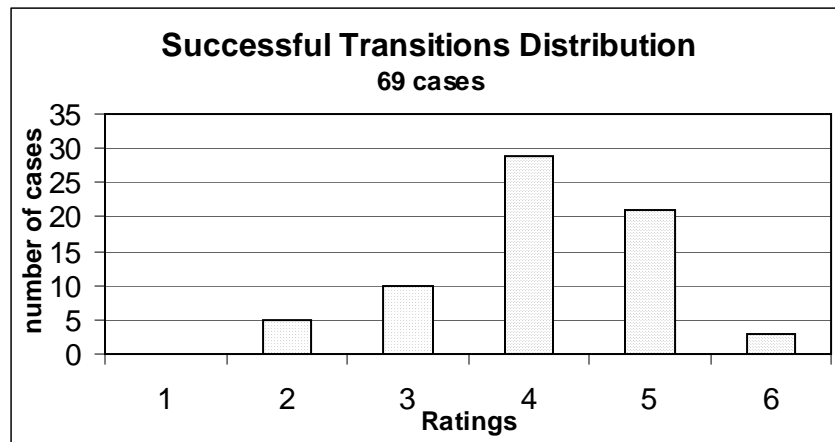
**Findings:** 84% of cases reviewed were within the acceptable range (4-6), a decline from 93% achieved last year.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

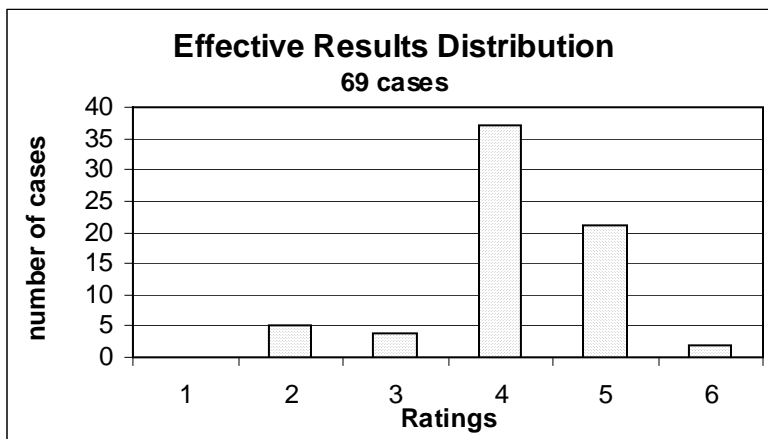
**Findings:** 78% of cases reviewed were within the acceptable range (4-6).



## Effective Results

**Summative Questions:** Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

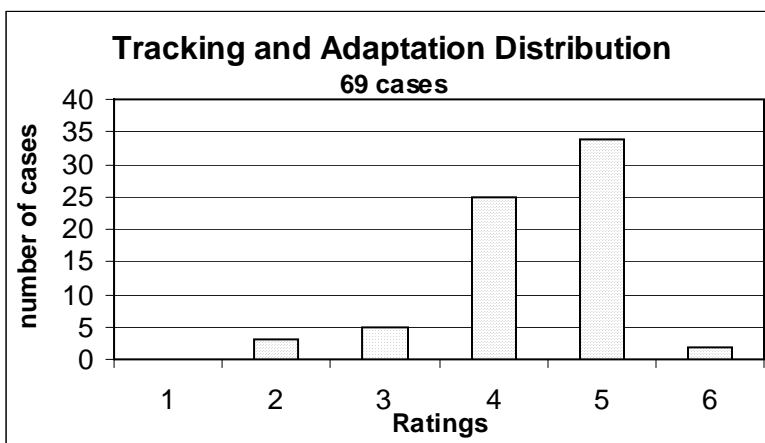
**Findings:** 87% of cases reviewed were within the acceptable range (4-6), close to last year's score of 89%.



## Tracking and Adaptation

**Summative Questions:** Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

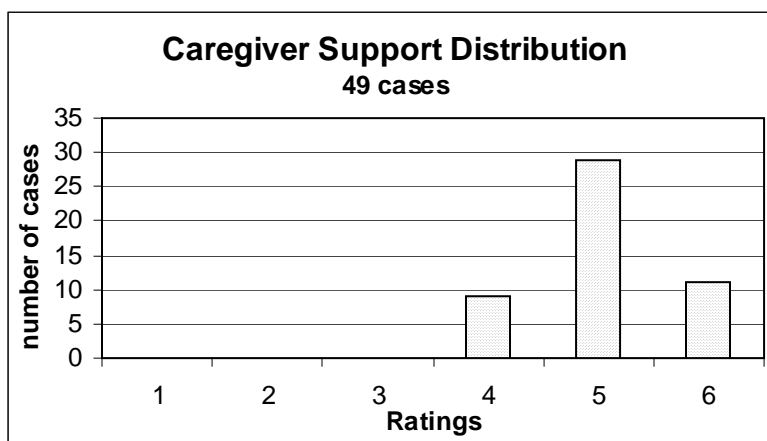
**Findings:** 88% of cases reviewed were within the acceptable range (4-6). The Salt Lake Region has improved this score each year for the past three years and is well above standard.



## Caregiver Support

**Summative Questions:** Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

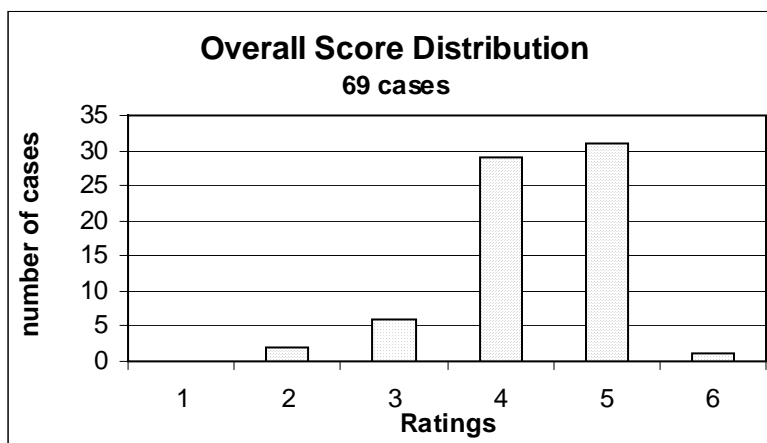
**Findings:** 100% of cases reviewed were in the acceptable range (4-6).



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

**Findings:** 88% of cases reviewed were within the acceptable range (4-6). This score has decreased but is still above the standard.





## Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question, "Based on current DCFS involvement for this child, family, and caregiver, is the child and family's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the cases reviewed, 36% (25 cases) were anticipated to be unchanged, 4% (3 cases) were expected to decline or deteriorate, and 60% (42 cases) were expected to improve.

## Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. Sixty-one cases or 88% had an acceptable overall child status and sixty-two cases or 89% cases had an acceptable overall System Performance. These are strong scores indicating the overall good work that is being done.

Favorable Status of Child		Unfavorable Status of Child	
<b>Outcome 1</b> Good status for the child, agency services presently acceptable.  n=58 84.1%		<b>Outcome 2</b> Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.  n=3 4.3%	
<b>Outcome 3</b> Good status for the child, agency Mixed or presently unacceptable.  n=4 5.8%		<b>Outcome 4</b> Poor status for the child, agency presently unacceptable.  n=4 5.8%	
89.9%		10.1%	

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Salt Lake Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level only the key Child Status indicators and core System Performance indicators are included.

### **Child and Family Status**

#### **Safety**

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 91% in the current review, down from 97% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

In the cases that had an acceptable score in safety, the issues had been identified and addressed in the plan and by the team. One example of optimal safety was in a case where the children were removed because of safety issues and the team worked together to create a strong safety plan to return the child home. The team tracked and adapted the case as needed and used formal and informal assessments to create a well-crafted and complete safety plan for the child. This was effective because the mother became committed to the plan and internalized it.

*Since [birth mother] became committed to the treatment plan, safety for the children has not been an issue of concern. She has been very proactive to seek home inspections, and has sought out advice and support on parenting. She even spoke to the grandmothers about how she wanted her children to be disciplined by using a time out system and never corporal punishment.*

*Through a strong personal commitment to wanting to be a good parent, [birth mother] has been clean for nearly a year and has been able to sustain her sobriety during and after her graduation from the House of Hope program several months ago. It is felt that since [birth mother] has been able to continue with her sobriety post program that she will be able to sustain this success as she has internalized her new life and her commitment to her children.*

There were six cases in which safety was found to be at an unacceptable level at the time of the review. There was one case where the child was on the run at the time of the review. On two other cases, the children had recently run and returned just before the review. In another case the child was hurting himself and in two other cases the child was a threat to others. In all of the cases with safety issues the child was either placing himself or others at risk, but was always safe from others.

All cases with unacceptable safety scores addressed the issue of assessments not being complete as far as identifying what triggered the unsafe behaviors. In one case the assessment scored as minimally acceptable. In the other cases the assessment was scored as unacceptable, and two cases were substantially unacceptable. This is very clear in this excerpt from one of the cases that had an unacceptable score.

*There has been an extensive history of CPS referrals and investigations regarding [target child] and his siblings over the past 12 years. Currently, [target child] and the family are receiving Family Preservation Services from DCFS due to ongoing concerns about injuries occurring to [target child] on a frequent basis. It remains unclear exactly how these injuries are happening. The most recent reports are that [target child] is injuring himself; although there are team members involved that doubt [target child] is doing all of the injuries to himself...[Target child] has also recently had incidents of bruising to both arms around the bi-ceps, bruising to his thigh, and bruising to his buttocks. There are also reports of several black eyes in the past. No one has observed [target child] injuring himself and no one has admitted to injuring him or seeing anyone else injure him.*

*Although the injuries described are not extremely severe or life threatening the fact that they are continuing to happen and that there is no clear explanation as to who (target child or someone else) or how they are happening is very concerning and clearly a substantial and continuing safety problem for [target child].*

## **Stability**

Stability is an important indicator of well being for children, especially for those in foster care. The Region's performance on this indicator dropped from 67% last year to 59% in the sample of cases represented in the current review.

The region's attention to stability from the very inception of the case led to an optimal stability score in the following case. It demonstrates that the region was able to maintain strong and enduring relationships with members of the birth family, while also finding a stable and safe home for a child. This case is also illustrative of extended family members who work to keep stability in the life of the child even before DCFS involvement.

*[Target child] was fortunate enough to be placed with his aunt within four days of removal from his mother's care. According to [aunt], [Target child] had spent a big portion of his young life in her home and was already somewhat bonded to her and her son. She reported that [target child] and his mother had lived with her the first six*

*months of [target child's] life. [Birth mom] then took [target child] to another aunt's home in Las Vegas where she left him for three months. When the aunt in Las Vegas was unable to find the birth mother or contact her, [aunt] went to Las Vegas and picked up [target child] because Nevada law was different than Utah law and it would be easier for a relative to have [target child] placed with them in Utah. It is unclear exactly how long she had [target child] this second time before the birth mother showed up and asked for her son back. It was apparently only a month later when [target child] was removed during the drug raid and subsequently placed with [aunt] in a kinship foster care placement. Safety, Stability, Appropriateness of Placement and Permanence have all been positively affected by the fact that [aunt] was able to get [target child] back in her home. He has been in her home the entire time the case has been open. He has had no moves and no transitions that would impact the status of the child. [Aunt] plans to adopt [target child] which would give him the ultimate in permanence and stability.*

An unacceptable stability situation was described in another case story. This excerpt shows how changes in placement affect many areas of a child's life and consistency is difficult to maintain. This creates a sense of unrest for the child. It takes a long time to overcome the issues instability creates.

*For the past 90 days the child and her brother have enjoyed a consistent, nurturing, stable living environment with this foster mother. The focus child has developed a very good relationship with the foster mother, has established relationships with friends at school and, according to team members, has flourished in this placement. However, during the previous seven months of care (the months prior to the current placement), the focus child had two other placements, attended two schools and is currently working with her second therapist. There was also a change in caseworkers during this time. As a result of the multiple changes in the life of the child stability was rated inadequate. The words of the child say it best when she stated to the reviewers during her interview, "I wake up every morning and say to myself, please, please, please, do not call me today to say I am being moved." There is a sense of instability and impermanence.*

There was an 8% drop in stability from last year's score. This is related to the decline in long-term view that dropped 9% and permanency that dropped 16%. It is difficult to have stability in a child's life without permanence. It should be noted that about two thirds of the cases without acceptable stability were teenagers and their choices and behaviors affected outcomes even though the region had worked to put supports in place.

### **Prospects for Permanence**

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator fell from 70% last year to 54% in the current QCR sample. Permanency has been a challenging indicator for the region over a period of years.

There were 37 cases with acceptable scores. The following excerpt is an excellent example of achieving acceptable permanency for a child in a very timely and efficient manner.

*CPS removed [target child] and placed him in shelter care in January 25, 2007. [Birth mother] became virtually inaccessible to DCFS from that time forwards. The Division tried to set up a kinship placement with the grandmother, but her care of another sibling was starting to be a concern and she ended up saying she would rather focus her attention on his needs and let [target child] go to DCFS. On February 13, 2007 the court ordered [target child] to be placed into a legal risk home and on February 21 he was moved to his future adoptive parents. DCFS provided reunification efforts during this time with little success...*

*On March 12th, the court ordered that reunification efforts be terminated and DCFS moved quickly on a termination of parental rights. On April 25th the court ordered the goal of adoption and on May 30th parental rights were terminated in a permanency hearing. DCFS continued to work with [adoptive parents] to ensure a safe and healthy environment for [target child] to reach his full developmental potential and ensure proper bonding took place with them as parents and with his adoptive sister. On September 5, 2007 the adoption was completed and legal permanency was obtained.*

Sometimes in cases with unacceptable permanency scores implicit understandings among team members of the pathway to permanency for a child were not supported with concrete plans that would actually lead to permanency. Communication, teaming and planning are important parts of permanency. When team members have conflicting opinions, it is important to bring the team together and identify a permanency plan and a concurrent plan so concerns can be addressed and concrete steps can be implemented towards a permanent placement in a timely manner.

*Prospects for permanence is concerning. There are communication barriers between team members. There appear to be substantial and continuing issues on what is best for the girls. [Target child] and her sister report that they do not want to live with their father; their fears are not being addressed. Grandparents do not feel it is in the best interest of the girls to go live where they do not want to. Mother thinks she is getting out of jail soon. Team members are not on the same page of what is really going to happen and what is best for the girls. The father's home environment is reported to be safe, but no one is sure of a clear, realistic or achievable placement with dad.*

There were thirty-two cases reviewed with unacceptable permanency scores. Twenty-three of these cases were teenagers.

## **Family Functioning and Resourcefulness**

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator rose from 69% last year to 71% in the current review.

There were some cases where the families reached out and found resources on their own. Family functioning and resourcefulness is evident in the following case story example. The family's

ability to function and obtain resources on their own is a strong component of the case being able to close safely.

*Family members are taking control of the family's issues and situation. They have a Safety Plan in place so that when [target child] feels angry she can identify what level of anger she is at. They also have a list of things she can do to "cool down." Her list includes listening to three songs, taking a walk, and going to a friend's house. This type of plan allows [target child] to recognize her emotional state and use positive activities to deal with those emotions.*

*The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. While the reviewers were interviewing the family, the local seminary teacher dropped in to visit with [target child]. The family has also looked into various Bipolar support groups and even attended a few meetings, but felt that their schedules were just too busy to continue. However, they do know how to access these groups and would do so if they felt they needed to. In addition, the family will be working with the Families First program through Utah Youth Village. The therapist from this program has already begun visiting and working with the family. The program fits nicely with the Family Preservation program they have been receiving through DCFS. The court case was recently closed and the Family Preservation case will be closed soon.*

There were other cases where the team made services available to the family. They worked to help clients meet their needs and tried to empower them to reach out to formal and informal resources, but some families chose not to use the help offered. Questionable family functioning was evident in another case story example:

*The grandmother is not financially stable and is having difficulty finding employment at this time. The team and grandmother herself agree that grandmother has some difficulty with depression and parenting skills. Grandmother admits that she has problems with anger and that she still has not resolved the death of her daughter. Her own mother also passed away a little over a year ago and she is grieving that loss as well. The Child and Family Plan addressed this with therapy, but she has not started attending individual or family with [target child]. She is not attending any type of therapy. The grandmother has limited visits with [target child] to improve their relationship. The grandmother still uses visitation as a consequence for [target child's] behavior.*

*The caseworker has provided grandmother with resources, but she has not made contact with them. Her functioning is partially unacceptable and she is not ready to take control of the issues that present difficulty for her at this point.*

## **System Performance**

### **Child and Family Team/Coordination**

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance dropped from 87% to 71%.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review. This case is an example where the region came together with a strong team in a difficult case to manage.

*There is a strong team around [target child] and his family. This is a very unique situation where the children are living in different homes, some with PSS services and some with SCF services. There are different fathers and grandparents involved with many of the children. The larger family team meets face to face monthly with a separate team meeting involving the relevant people for each child. For example, the family, therapists, grandparents meet at the large meeting, but for [the target child] it is his parents, GAL, and grandmothers. During these meetings most discussions center on progress being made, the long-term view and issues needing to be resolved.*

In the cases that were unacceptable there was a concern that not all the people who could have been invited and were willing to participate were invited to team meetings. The absence of important team members affected many other areas in the cases such as assessments and long-term view. This was a concern in several cases, as explained in the example below.

*The lack of a cohesive and functioning Child and Family Team around this child and his family for the past 10 months has resulted in unacceptable scores in several of the System Performance domains. Prior to [target child's] move to the Ranch, there were several well-attended Child and Family Team meetings that included Mother, professionals and extended family members. Over the past 10 months only two "meetings" have been held, with few members invited or in attendance. Anthony's health nurse, his therapist, teacher and Ranch director have never attended a CFTM for Anthony or provided their input for group consideration. As a result, there is limited understanding among team members as to [target child's] underlying needs.*

### **Child and Family Assessment**

The child and family assessment indicator dropped from 79% last year to 67% in the current review.

The following example shows how professional assessments were obtained and shared with the team to improve the child's functioning and chance of success. The reviewers found substantial assessing done throughout the whole case.

*Assessment is one of the strengths of this case. There is a clear process in place to better understand [target child's] underlying needs. The 2½ months at ARTEC have allowed the*

*professionals to get a clearer picture of the complex psychological functioning that governs his behavior. These findings have been shared with the team members, including the family, to make sure they understand why [target child] does certain things and also to undermine any manipulation efforts that he may use to get what he wants. The assessment process is substantially acceptable. After reviewing our findings, there is no indication that [target child's] crisis was the result of a lack of assessment earlier on or could have been prevented with more thorough monitoring.*

There were also examples of the confusion and lack of service provided by the team when the child and family assessment is not updated or complete.

*All of the references listed on the assessment are dated 2006. There was no indication of any current information being included in the assessment. Underlying needs, such as [target child's] educational needs and future planning, have not been discussed. There is no current IEP. [Target child] identified her biggest stressor as being her parents' divorce. She is concerned about her parents never getting back together and marrying other partners. This has never been addressed in therapy. There appears to be no assessment as to why [target child] prefers to live with her mother. There is an assumption that it is because mother's rules are less strict than father's rules. There is no indication that this was a fluid document with current information. There has not been sufficient planning on the gang issues and how they relate to [target child's] behavior and what she will need to overcome them.*

There is a connection between a good ongoing assessment and how the case is doing. Some of the cases indicated that the long-term view is lacking because the assessment is incomplete. Several cases noted that educational assessments were not completed or kept up to date. This was concerning when goals were being set that were unrealistic. In another case, there had been good assessments early on in the case, but these were not redone to assess how effective treatment was. It was clear that missing assessments played a large part in how the case was going.

### **Long-Term View**

The long-term view indicator declined from 73% last year to 64% in the current review. The long-term view is something the region has struggled with. It has been below standard three out of the last five years. The importance of having a viable and strong long-term plan is clear in the following case. The team was agreed on the long-term view, but also developed a secondary plan if needed. This insured that the child could continue to have her needs met.

*All of the parties were very aware of the implicit long-term view to keep [target child] at home with her mother. Based on [target child] not attending school and her going AWOL again, the team developed a secondary plan to place her with the "surrogate" grandmother if she continued to have difficulties. This plan was discussed and approved by all team members prior to the court hearing. The plan for the family's success included enrolling target child in ARTEC's day treatment program and moving her to the "surrogate" grandmother's home to live until the mother was able to return to Salt Lake permanently. Considerations were made along the way of previous successes in [target*



*child] doing well. For example, the team knew she was successful previously in the closed classroom so they moved in this direction again.*

Another case did not have a concurrent plan for the long-term view. This created problems when the case did not go as anticipated.

*The lack of concurrent planning as a team also affects the long term. Team members indicated that up to this point concurrent planning hasn't been one of the discussion points at the team meetings. This lack of clarity has lead to various opinions on what to do if the children don't go home. Since the team has put all of its efforts into this one solution, return home, there is a good chance that they might find themselves without a viable placement option.*

The long-term view is closely linked with other indicators. Stability, permanency, long-term view and child and family assessment all have the same pattern of improved and decreased scores over the last five years. Some of the cases noted a connection between the indicators. One reviewer wrote, "Due to lack of teaming in this case long-term view and permanency were rated as partially unacceptable."

There were also several comments indicating that the long-term view seemed to lack clarity and specificity. As the cases changed, the understanding of team members often was not the same regarding the long-term goals and placements.

### **Child and Family Planning Process**

The region's score on the Child and Family Planning Process indicator dropped from 93% last year to 71% this year; however, there were forty-nine acceptable cases that indicated good casework in the planning process. The following excerpt is an excellent example of a plan for a child that contained detailed, current information.

*The goal of having [target child] return home and being able to manage his behaviors and have his mental health needs met is viewed as a very realistic and achievable goal by team members. Team members describe the same steps to reaching that objective. The written long-term view in the case file is consistent with the team's understanding.....There are two main plans in this case, the Child and Family Plan and the State Hospital plan. Both compliment and support each other. The State Hospital treatment plan is the primary driving force. The Child and Family Planning Process has helped create a very detailed and individualized treatment plan for [target child]. For each treatment need identified in the assessment, there is a baseline, and a very specific treatment intervention articulating how that need will be met and by whom. Everyone knows his or her role in the plan.*

In another case the plan was not individualized and not all of the child's needs were addressed. Without having a strong and complete plan in place, the services needed were not being accessed.

*The Child and Family Plan is a legal document and therefore the document carries a lot more weight. The key service for [target child] is his Individual Therapy. This is completely missing from the plan. The Concurrent Permanency goal is unrealistic. It is stated as Guardianship with a Relative, yet everyone on the team knows that there are no relatives who would be willing or able to take guardianship. In addition to the content of the plan, the process of developing the plan is considered. The case record clearly shows that the plan was developed without the team's input prior to the case being selected for review. Without adequate teaming and assessment, the plan lacks the needs and services required for [target child] to be ready for independence.*

Many reviewers felt that the plans were generic and lacked specific goals and steps to reach those goals. Some of the issues that needed to be addressed were educational goals, transition into adult living and other transitions, a clear permanency plan with an ongoing concurrent plan, and having mental health concerns addressed. The plans needed to be changed as the case changed and specific steps put into the plan so there was a clear understanding by all team members on what needed to happen. Sometimes these problems were attributed to the new template. Workers say they are not able to add or change anything without rewriting the entire document, which is very time consuming.

## **Plan Implementation**

Plan Implementation is at 88%. The region has scored consistently high in this area. In the following example, implementing the plan effectively met the child's and family's changing needs. The team did a great job prioritizing and timing the implementation of services and adapting when needed.

*The plan was implemented well, which also received a substantially acceptable rating. Early on in the case some good evaluations were completed on the mother. They revealed that she was dealing with post-traumatic stress disorder, a disorder that came as a result of being seriously sexually abused as a child and witnessing a murder. It also indicated that she might have a bi-polar disorder for which medication was prescribed. For [target child] it was assessing one of his desires to meet his birth father and to see if a relationship could be developed. When the children returned home the plan included providing services to the members of the family with the potency necessary to work with the mother's issues and her relationship with the boys and to work with the needs of the boys i.e. mostly focusing on the autism needs of a sibling. There were essentially three therapists in the home on three different occasions each week. The mother drug tested randomly and the worker visited the home. There was good communication between team members. Phone calls, emails and discussions happened on at least a monthly basis and at times more frequently as concerns or questions arose. When it was felt that [target child] could benefit from participating in a bowling league with his brother all the team supported this action and the result was that [target child] had a very positive experience that aided in him feeling better about himself and more confident.*

The following excerpt is from one of the cases that scored unacceptable in plan implementation. The plan had detailed steps needed for a child who had an individualized permanency plan; however, the plan had not been implemented in many areas.

*Key pieces of the plan are not being implemented at all or just barely being started just before the review even though it has been part of the plan for a long time. With [target child] being 18 and graduating from High School this spring, it would be expected that his Transition to Adult Living plan would have been implemented long ago, especially since he has been in care for three years. It is concerning that there has been so little done in this area of the plan to date. [Target child] has not taken the Basic Life Skills classes yet. He didn't get signed up for them until the last few weeks. He was supposed to have started taking the classes now, but the proctor home indicated that he hadn't taken any yet, due to work schedule conflicts. He has a job, but he isn't saving any of his money. He is supposed to bring half of his check to Pioneer Youth so they can put it in a trust account in order to have \$1500 saved before he exits custody. He has not had any experience or training on how to manage a checking account. Another glaring omission from his progress toward independence is his preparation for entering college. He wants to go to Salt Lake Community College next fall. He has not taken the ACT exam; he has not started the application process. He has not started the process of applying for financial aid. His worker and supervisor mistakenly believe that he can't even enroll for the YES Program due to funding issues. In reality, according to the State Specialist, they can enroll him in the program, and need to right away, so that he can get his name on the waiting list. With the tenuous status of the WIA and ETV funds, it is all the more important to get his applications started for the traditional financial aid sources, such as Pell Grants, before those funds run out as well. The overall lack of progress in this area is the most concerning of the deficits in this case and this delay could lead to some serious, negative outcomes for [target child]. In addition, the intensity of the services being provided is insufficient. The plan talks about mental health needs, but only addresses his family therapy. It is lacking the individual therapy and the lack of adequate assessment means that his substance abuse needs are not being addressed either.*

### **Tracking and Adaptation**

The tracking and adaptation indicator achieved a score of 88%. This indicator has exceeded the exit criteria for several years in a row. Tracking and adaptation reflects the team's efforts to monitor a case and respond to changes.

Many of the cases showed constant tracking and monitoring, and plans were quickly adapted or services added as needed. One of the cases that had substantially acceptable tracking was a case with several community partners and cross agency services provided for the family. The communication and tracking was a strength in this case, which also made other indicators strong.

*As evidence of the favorable rating in Tracking and Adaptation the team would meet regularly to determine the effectiveness of the intervention and evaluate how to better engage [target child] in the intervention. The team would alter its approach in an effort to better engage [target child] in services. Over time the team has attempted different treatment models. The broad range of treatment programs included day treatment, home-based, and residential. The team has offered rewards to [target child] should he*

*be more successful in a program. The team has told [target child] that he is in jeopardy of detention. The team has let [target child] choose the model, thinking that if he selected the model he would be more inclined to participate.*

In the cases that were unacceptable in the tracking and adaptation scores there was a concern of assessments done, but not tracked, shared with the team or followed through. This is an example of a specific concern in one case.

*In the summer of 2007, it was recommended that a bonding assessment be conducted to determine if the visits between [target child] and his father were harmful. It was reported that [target child] was not sleeping after visits and that he was acting out for several days following visits with his father. Although the caseworker expended effort in finding a therapist who was qualified and willing to make this assessment, and although the therapist supervised several visits between [target child] and his father, no formal assessment was ever made.*

## **V. Recommendations for Practice Improvement**

At the conclusion of the week of Qualitative Case Reviews, there is an opportunity for a conversation between the review team, regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Because of the advancing state of practice in the Salt Lake Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

### **Practice Improvement Opportunities**

During the exit conferences noted above, most of the examples of practice improvement opportunities fell within the small number of indicators summarized below. These represent the two indicators that had the lowest scores on system performance, (Child and Family Assessment and Long-term View) and the indicator that dropped the most, (Child and Family Planning). Long-term view had a decline in performance and dropped from 73% to 64%. Child and Family Assessment dropped from 79% to 67%. Child and Family Planning had a decline from 93% to 71%. These three indicators are closely linked to each other and are also related to the decline on permanency and stability on the child status indicators.

#### **Child and Family Planning Process**

- Plans need to be individualized. When a child has specific health issues or concerns, defaulting to the federally required language is not adequate in describing the child and family's needs.
- The plan needs to be current and signed by everyone. This helps each person on the team stay aware of what is happening and any changes in the case, placement, or long-term view. Some cases had a disconnection among the team for permanence because members were not aware of changes and steps to meet those changes were not in the plan.
- Reviewers saw a need for long-term views that outlined transitions to exit the system and explained how to succeed independent of DCFS. The plans often lacked clarity and specificity. This related to the permanency of a child.
- Some plans are lists of what the child and family have to do, not enough of what the Division is doing. Plans need to detail who is responsible for different parts of the plan so things do not fall between the cracks.
- Some reviewers indicated that all the supports were not involved in the teaming and planning process. Schoolteachers were not involved in the planning process and educational needs were not addressed in detail. Another review noted that non-Division agencies could have been on the team and part of the plan, such as Division of Services for People with Disabilities, Work Force Services, or educators. Families involved with different agencies could have had their plans integrated and supported by all workers.
- There is a concern that the plans are not being updated. This is in part due to the new plan template that the workers need to use. It reportedly cannot be edited after thirty days, but needs to be totally rewritten, which takes time that the caseworker does not have. Every

time a new plan is written the worker needs to get all the signatures and have a child and family meeting, which is also time consuming. Former team members who are no longer a part of the plan cannot be removed. There are changes in family dynamics and situations occur that change the long-term goal, therapy needs, visitation, etc. Without an updated plan there is not complete understanding between the team members.

- Some judges are requiring a separate plan for court because the new plan is too complex. It was stated that if the judges can't understand the plan, then how can the clients?

### **Long-Term View**

- In some cases the long-term view was not connected to the plan. Plans need to have not only the long-term goal, but also how to get there. The steps needed for reunification, adoption, custody and guardianship, or independent living need to be detailed.
- More informal supports need to be developed for youth aging out of the system.
- Consideration must be made for the emotional immaturity of some clients aging out of the system. Long-term view is more than a shared hope; it needs to be grounded in a realistic goal.
- There needs to be a strong and workable concurrent plan in the long-term view. In some cases the team had felt that reunification would happen, but a year later the children were in a home not able or willing to adopt, and the children weren't going home.
- In another case not all team members felt the children would succeed in the father's home and their concerns were not addressed. There was not a concurrent plan.
- Sometimes what is written in the plan for long-term view is not what is happening. In some cases team members had different ideas of what the long-term view was.

### **Child and Family Assessments**

- In one case a really good assessment in the beginning of the case would have prevented so many disruptions and led to better assessment of the run risk when transporting high-risk children.
- The assessment document needs to be more comprehensive rather than progress notes.
- A strong assessment was missing in the beginning of a case to give a realistic long-term view for how the child can learn to live independently.
- A strong and successful case is built on a plan that has used numerous formal and informal assessments to determine what is needed and who is best to meet that need.
- There was a difference in cases that assessed why a placement disrupted and addressed the underlying needs of the family and the child. Some cases were able to minimize the placement changes or help a family keep a child in the home by continually assessing and adapting the plan.

### **Recommendations**

Challenges were raised at both exit conferences. Recommendations and systems barriers were discussed. Since the information received was different for each group, the recommendations from the two exit conferences will be discussed separately.

At the October Exit Conference the Office of Service Review presented areas that reviewers had identified as needing improvement and invited the region to comment on why they felt they were struggling with these areas and what might help performance improve. Members of the region staff had several comments about what they were seeing as challenges to improving practice around these indicators. The workers responded individually, but their comments are combined when discussing the same issues.

### Region Feedback

- There is an increase of youth who are delinquent but do not qualify for Juvenile Justice Services. The delinquency cases have no accountability for the parents and they are less likely to be cooperative. It was recommended that work be done with judges and with Juvenile Justice Services so delinquent children do not end up in DCFS custody.
- There is also a trend of children who are disabled and sex offenders. These children require a lot more intensive services. There is a system barrier of not enough residential treatment facility openings. Sometimes there is a lack of contingency planning and consequences for children who continue to be delinquent and ungovernable.
- One of the main concerns of the planning process is the new template. It cannot be updated without being rewritten, and even when it is rewritten old information cannot be removed. It is time consuming to write and that is one reason the plan does not sometimes reflect changes in the case.

At the exit conference in February, the Salt Lake Region broke out into several focus groups. Those present chose the focus group that they wanted to attend. The groups were Long Term View, Stability, Field Transition, Case Transfers, and Prospects for Permanence. The break out groups met for about 30 minutes, and then shared their information with the rest of those present. The information was then taken back to the region.

### Long Term View Focus Group

- The long-term view is more than a shared hope. It needs to be realistic.
- There need to be steps in place to reach the goal that are specific with time frames.
- More training is needed on how to write and develop a long-term view.
- What will it take for the family or child to live without DCFS support?
- It is not just a written statement.

### Stability

- The long-term view needs to be addressed at the beginning of a case.
- There needs to be full disclosure from the beginning and the families need to have access to updated information as it becomes known.
- Adoptive issues need to be explored and discussed including grief and loss issues.
- The system needs a better way to match families, personalities, and skills.
- There need to be supports in place for the family early on and after DCFS is gone, whether it be an adoption or return to birth family.

### Field Transitions

- There needs to be ongoing refresher training. There is too much up front with no experience to draw on.
- There could be pre-testing to help get a better job fit with new employees.
- Workers need support through the roller coaster experience of working with families.
- Supervisors need to be trained better and be available to workers. Lead workers might be an idea to help teams.

### Case Transfers

- Transfers can happen quickly. There needs to be another staff meeting a short time later to prevent information from getting lost.
- Notify all community partners when there is a change.
- Staff within the team to determine appropriate worker changes and time lines.
- Multiple meetings and relationships in other departments can be a barrier.

### Prospects for Permanence

- There needs to be better assessing of the child's needs, the family's strengths, culture issues, etc. Sometimes placement is just based on availability of a home.
- More focus on community resources would help the families.
- Increased contact of the child, parents, and siblings in a natural setting would help relationships.
- Improve mental health and substance abuse to individualize the needs of children and families.

The region administration took those recommendations along with information received from interviews they had conducted within the region last fall and also questionnaires filled out by workers. One of the greatest strengths of the region is their action plan, which they have already implemented. The regional director is working on professional and community development. One associate regional director is working on practice improvement and the other associate region director is working on organizational improvement.

### Summary

The child status key indicators of Safety, Stability and Prospect for Permanence declined. The cases that were unacceptable for safety were because the child was either placing himself or others at risk. The child was always safe from others in all the cases that were reviewed. Five out of the six unacceptable safety scores were cases of teenagers. The stability and prospects for permanence indicators are closely linked. Dating back to 2000, the records indicate that when the stability score drops the permanency score also drops. If the child is stable in a placement, therapy, school, friends, etc., then there is usually good permanency happening.



The Family Functioning and Resourcefulness score has increased the past four years. The Division is working well with matching families to resources that they are comfortable using and are available to them.

In the key indicators for system performance there was a decrease in seven of the indicators; however, five of those were still above standards. The two indicators that were below standards were Child and Family Assessment and Long-term View. There were no marked declines. Caregiver support was at 100%, which indicated the work the region had done with their families and it reflected the constant monitoring of the Resource Family Consultants with the foster families. The Resource Family Consultants work with the caseworkers in meeting the changing needs in the cases.

The largest decline in the system performance was a 22% decrease in the Child and Family Planning Process. It should be noted that even though this was a drop in scoring, it was still above standards. On the Child Status indicators the prospect for permanence dropped by 16%. There was also a drop in stability, although not as much. There is a connection between the stability and permanency of a case and the assessing, planning and long-term view. These scores have followed the same pattern for the past five years. When Permanency drops, so does Stability. When stability starts to change, if there are not strong assessments done and implemented into the plan, the permanency and long -term view suffers.

<b>Salt Lake Region</b>	<b>FY04</b>	<b>FY05</b>	<b>FY06</b>	<b>FY07</b>	<b>FY08</b>
Child and Family Assessment	71%	52%	69%	79%	67%
Long-term View	70%	54%	56%	73%	64%
Child & Family Planning Process	75%	72%	68%	93%	71%
Stability	83%	56%	61%	67%	59%
Prospect for Permanence	77%	52%	59%	70%	54%

The Salt Lake Region has high overall scores. They have scored very high in the past few years in child status. The region has worked to keep the children safe, and even with the number of older youth who create unsafe situations for themselves the scores for safety are high. The cases with unacceptable scores for permanency also have a large number of teenagers who create difficult situations with their behaviors. The workers, community partners and families have worked hard to meet the needs of these children.

Another strength of the region was indicated by the feedback case workers offered in the exit conferences. The workers are aware of system barriers and challenges within the region. They have been working to improve the agency. The recommendations from the workers themselves illustrate their knowledge and commitment.

The region is working on being more united and cohesive between the different offices. They are supporting each other and working to meet the needs of the clients. The Salt Lake Region is working better with community partners. The administration is taking an active part in assessing the concerns of their workers and community partners. They are building upon the strengths of the region and making changes in organization, communication and policy. The overall scores are high, indicating that the region is meeting the standards and going beyond what is required to keep families and children safe.

# APPENDIX

# **I. Background Information**

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## **Methodology**

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

## **Reviewers**

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.



## **Stakeholder Interviews**

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.